Exhibit W

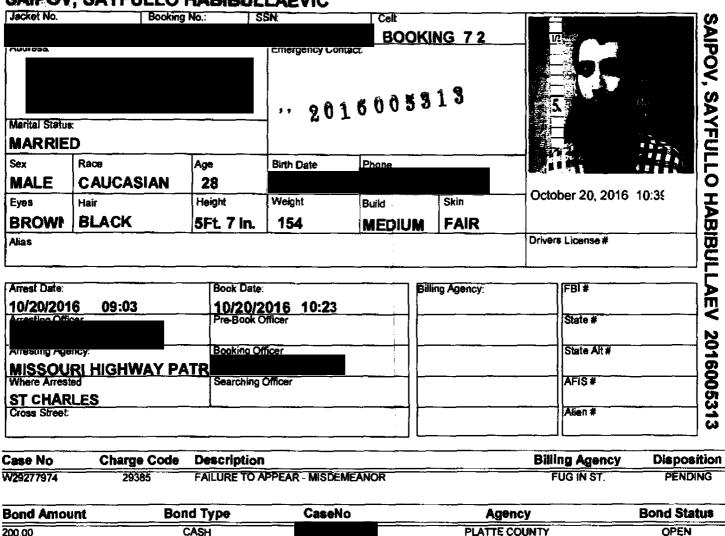
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time of my release will be kept for a total of 30 days. Any property not picked up or released at the end of those 10 days will be disposed of. I further understand that it is my responsibility to notify anyone that I designate as authorized to pick up my property. The person that I want to pick up my property will be designated on a property release form.

X	Person Authorized to pick up property
inmate Signature	
	Address

ST. CHARLES COUNTY DEPARTMENT OF CORRECTIONS BluHorse Inmate Management System

Printed on 10/20/2016 @ 11:04



Agency

Detainer Description

Expires

Case 1:17-cr-00722 SB Document 123-23 Filed 02/15/19 Page 4 of 11 ST. CHARLES COUNTY DEPARTMENT OF CORRECTIONS

RECORD OF ARREST

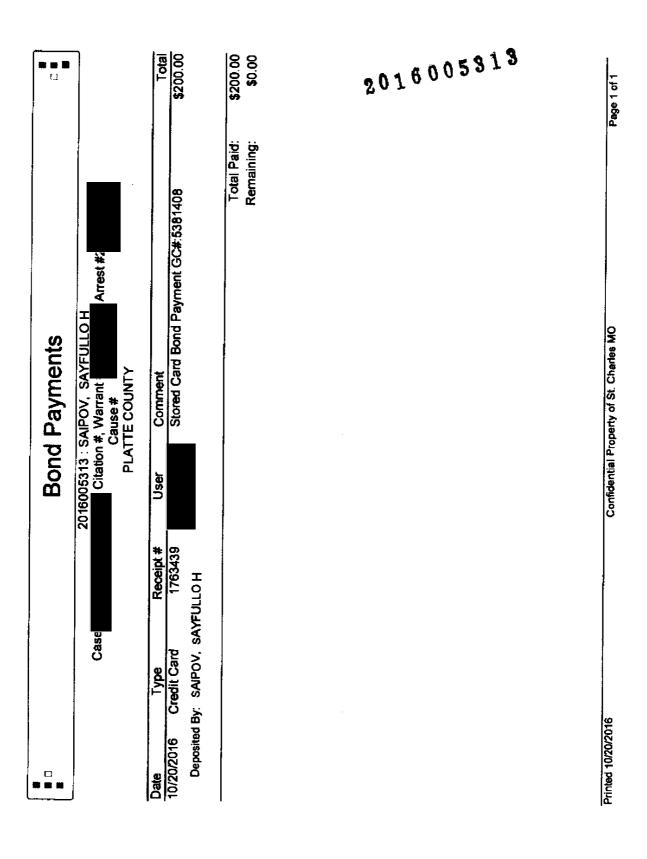
Date of Arrest 10/20/2016 Time of Arrest 0903 Time of delivery to SCCDOC 0955 Name of Subject SAIPOV SAY FULLO HABIR ULAEVIC (First) (Middle) Address City TAMPA State FL	Section A- Arrest Inf	formation – to be completed by arresting officer.
Date of Arrest 10 2012016 Time of Arrest 10 3 Time of delivery to SCCDOC 09.55 Name of Subject SATEROV SAY FULLD HABTRILL AEUTE (First) (Middle) City TAMPA State FL Phone # Race Sex Height Weight Hair Color Eye Color Build Complexion Age DOB U2 be 13 to 5 Charge(s)/Statutes NO. WALLANT - PLATTE (SUNTY - 70125372) Complaint# Case# Arrest Location C4 West Weight Dept. MSHP/C DSN# Arrest Location C4 West Weight Scale Arresting Office PAW/ 12 / 24 hour hold: Yes No Start Time End Time Have you been involved in a recent Motor Vehicle Accident? Yes No Date Section B: Medical / Mental Health concerns - to be completed by arresting officer. To your knowledge, has your arrestee complained of or shown any signs or symptoms of injury, illness, bleeding, shronic medical condition and / or alcohol / drug intoxication? Yes No If yes, please describe: Do you have any information (e.g., from observed behavior, documentation from sending agency facility / family member / guardian, etc.) that indicates arrestee is a mental health or suicide risk? No If yes, please describe: Arresting Offices Signature DSN# Arresting Offices Signature DSN#	DCN#	NoT 0 0 0 0 1 0
Name of Subject SATPOV Address (First) (Middle) Race Sex Height Weight Hair Color Eye Color Build Complexion Age DOB UZ belief J-fall Alias Name(s) Charge(s)/Statutes NO. WARRAUT - PLATTE (DUNTY - 70185372) Complaint# Case# OCN 174 Arrest Location C4 West Weight Scale Arresting Office Phone ## OCN 174 Arrest Location C4 West West West No Start Time End Time Lave you been involved in a recent Motor Vehicle Accident? Yes No Date Detection B: Medical/Mental Health concerns to be completed by arresting officer. To your knowledge, has your arrestee complained of or shown any signs or symptoms of injury, illness, bleeding, chronic medical condition and / or alcohol / drug intoxication? Yes No If yes, please describe: Do you have any information (e.g., from observed behavior, documentation from sending agency facility / family member / guardian, etc.) that indicates arrestee is a mental health or suicide risk? Arresting Offices Signature DSN# Arresting Offices Signature DSN#		12016 Time of Arrest 0903 Time of delivery to SCCDOC 0955
City TAMPA State FL. Pip Code Phone # Race Sex Height Weight Histr Color Eye Color Build Complexion Age DOB U2 be read Birth Social Security # Alias Name(s) Charge(s)/Statutes NO. WARRANT - PLATTE (AUNTY - 70127372) Complaint# Case# OCN 174 Arrest Location C4 West Using Service Petronglaint# Case# OCN 174 Arrest Location C4 West Weight Histr Color Eye Color Build Complexion Parest Location C4 West Using Service Petronglaint# Case# OCN 174 Arrest Location C4 West West No Start Time End Time Have you been involved in a recent Motor Vehicle Accident? Yes No Date Section B: Medical Mental Health concerns - to be completed by arresting officer. To your knowledge, has your arrestee complained of or shown any signs or symptoms c injury, illness, bleeding, chronic medical condition and / or alcohol / drug intoxication? Yes No If yes, please describe: Do you have any information (e.g., from observed behavior, documentation from sending agency facility / family member / guardian, etc.) that indicates arrestee is a mental health or suicide risk? No If yes, please describe: Arresting Offices a Signature DSN# Arresting Offices a Signature DSN#	Name of Subject S	ALPOV SAY FULLD HABTRULLAGUTE
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STATE OF MISSOURI 17-cr-20122-VSB Dogge	ont 123-23 Filed 02/15/19 Page 5 of 11					
	ut e 60.					
Defendant's Name, Address, Zip Code	Bond Amount Bond Received					
Saipov, San Curro H	300 - 2 300 - 20 − 300 - 20 − 20 − 20 − 20 − 20 − 20 − 20 −					
	Name of Person Postag Bond					
	2016005313					
Telephone Social Security No. Date of Birth	Type of Bond Personal Cash 10% Property Surety Recognizance					
Next Court Hearing (Date, Time, Division) Judge Echold	Charges					
Nov. 16,2016 @ 1330hes Div 5	FTA					
I/We, as principal/sureties agree to pay the State of Missouri the sum of defendant abides by the conditions as set out below.	\$ 200 00 unless the					
BOND CONDITIONS AND CONSEQUENCES FOR FAILURE TO ME Having been (charged with/convicted of) the criminal offense(s) shown released from custody.	ET CONDITIONS: above, the defendant (or his/her surety) has posted this bond in order to be					
 Attend all court hearings as set by this court or any court to which this case is transferred or appealed. Submit to any orders, judgments and sentence of this court or any court hearing this case. Inform the court of any change of address. OTHER CONDITIONS: a. Defendant shall not tamper with a witness or victim nor allow another person on his/her behalf to tamper with a witness or victim as described on the reverse of this form. b. c. 						
If the defendant follows the above conditions, he/she will be released from this bond and any cash or securities deposited will be returned to the defendant or his/her assignee after the original receipt is presented to the clerk, less any fines, court costs, restitution, and various other fees which will be deducted from the cash bond before any money will be refunded. THE DEFENDANT UNDERSTANDS that the consequences for failure to follow any of the above conditions are: 1. Forfeit any cash or securities deposited with the court. 2. The court has the authority to sell the defendant's property to collect the full amount of the bond. 3. If the defendant fails to abide by condition 1., a warrant will be issued for his/her arrest and in addition to the above charges, a charge of failure to appear may be filed.						
Defendant's Signature Date						
1012013						
FOR PERSONS OTHER THAN THE DEFENDANT WHO POST BOND: I now assume custody for the defendant. The defendant will appear and abide by the conditions as shown above. If the defendant fails to do so, I understand that I or the company I represent must forfeit or pay the full amount of the bond or it will be levied against my property or estate or the property of the company I represent. If the bond concerns a case on appeal from the Circuit Court, I irrevocably appoint the Clerk of this Court and the Clerk of the Appellate Court as my agent to receive service of any notice or process in connection with the forfeiture of this bond. If acting as bail bond agent or general bail bond agent, I attest that I have no unsatisfied judgments against me. All fines and costs associated with a case must be paid prior to bond refund or said amounts will be deducted from the bond. (local court rule 67.1.3) Be advised that in the event the Defendant is plead guilty, found guilty or enters any type of plea, all assessments against the Defendant, such as fines.						
court costs, and various other fees, will be deducted from the cash bond be	fore any money will be refunded to you.					
Signature of Person Posting Bond License No. (If Appl	icable) Signature of Person Posting Bond					
Address: Street City State Zip Code	Address: Street City State Zip Code					
Approved by: (Judge or Clerk)	Date					
•						
TRF019						

CREDIT CARD PAYMENT

2016005313

Payments and/or products will be processed	for:	#200 A0
2016005313 : SAIPOV, SAYFULL	DEPUSIT AMOUNT	\$200.00 \$20.00
Account: StCharlesMO-78224		
St. Charles MO	TOTAL DUE	\$220.00
CARDHOLDI	ER INFORMATION	
First Name	LAST NAME	
34954460	S4120V	
desc	Phone	
	Work Phone:	
	Birthdate.	<u> </u>
		
		
	And the second s	4.1
I understand that a charge by JailATM.com will	appear of my credit card statement and I appro	we this
		10/20/11
Cardholder Signature:		10/20/ H
I have read 40lly understand	I and agree to the terms and conditions of this agre	eement.
CARDHOLD	DER AGREEMENT	
Lapprove this NON-REFUNDABLE charge to my credit card and a		nt rules and regulations
I approve this NON-REFUNDABLE charge to my credit card and ap of the eard issuer.	gree to pay the total amount due according to the payme	·
I approve this NON-REFUNDABLE, charge to my credit card and apit the eard issuer. I understand that any amounts received will be automatically applied leposited into the according the detention facility may deduct some or all	gree to pay the total amount due according to the payme to the account beach on this document. I understand that the incoming tunds to pay for services rendered by the	at once the payment is facility—to any event.
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Tapprove this NON-REFUNDABLE charge to my credit eard and and the eard issuer. I understand that any amounts received will be automatically applied leposited into the accorbor, the detention facility may deduct some or all he JailATM com transaction will be considered complete, accepted an agree that it is not the responsibility of Tech Friends. Inc. or the JailA efunded for any reason. I acknowledge that Tech Friends, Inc. shall not be liable for any dam tailATM com service. I furthermore agree that any claim, dispute, or eshall be pursued under binding arbitration according to the Code of Priche state of Arkansas under Arkansas State law. I also agree, to the extection or multi-plaintiff action as to any claim, dispute or controversy service. I understand that any non-payment of the transaction amount will be adderstand that I am responsible for paying any JailATM com charges lees, etc. THIS CONVENIENCE SERVICE IS PROVIDED BY TECH FRIE THAT YOUR USE OF THE JAILATM COM SERVICE IS AT YOUR EMPLOYEES, AND STOCKHOLDERS WILL NOT BE LIABLE FOR ALLATM COM SERVICE, FOR DISRUPTIONS IN SERVICE, OR	gree to pay the total amount due according to the payme I to the account beach on this document. I understand that the incoming tunds to pay for services rendered by the definal. In the case of a billing or accounting dispute will EAL com service and the Jan'A LAF committation with the cuttoversy between myself and Tech Friends. Inc. or that deduces of the Namural Arbitration Forum and all heart eith permitted by kits, that I will not bring, join or particulated may have against Tech Friends. Inc. its albitrates arising from pursuing payment such as collection fees. NDS, INC. ON AN TASTIS AND TASTAVAIL ABLE BRISDLE RISK. TELTHERBINDS, INC. AND HIS AFFOR ANY DAMAGES OF ANY KIND ARISING FROAFOR ERROR, DELAY, OR ANSOLE INTERY OF A PA	at once the payment is a facility. In any event, the the detention facility not be reversed or as agreement or the calpiATM com service tips shall take place in upate in any class or the FailATM combares will begin. It also court fees, attorney. ASIS, YOU AGREE IT LATES, OFFICERS, CIFICERS, CIF
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I approve this NON-REFUNDABLE charge to my credit card and applified card issuer. I understand that any amounts received will be automatically applied deposited into the according the detention facility may deduct some or all the JailATM.com transaction will be considered complete, accepted an I agree that it is not the responsibility of Tech Friends, Inc. or the JailA refunded for any reason. I acknowledge that Tech Eriends, Inc. shall not be liable for any dam JailATM.com service. I furthermore agree that any claim, dispote, or eshall be pursued under binding arbitration according to the Code of Prothe state of Arkansas under Arkansas State faw. I also agree, to the extaction or multi-plaintiff action as to any claim, dispote or controversy service. I understand that any non-payment of the transaction amount will be understand that I am responsible for paying any JailATM.com charges fees, etc. THIS CONVENIENCE SERVICE IS PROVIDED BY TECH FRIETHAT YOUR USE OF THE JAILATM COM SERVICE S AT YOU EMPLOYEES, AND STOCKHOLDERS WILL NOT BE LIABLE FO JAILATM.COM SERVICE, OR REGARDLESS OF THE CAUSE, INCLUDING (WEITIOFT LIMITA).	gree to pay the total amount due according to the payme I to the account beach on this document. I understand that the incoming tunds to pay for services rendered by the dathal. In the case of a billing or accounting dispine with the conservice and the Jan'A LAT can transaction will tages of any kind arising out of or in connection with the interoversy between myself and Tech Friends. Inc. or the accidence of the Naminal Arbitration Forum and all heard tempermitted by kin, that I will not bring, join or particular I may have against Lech Friends. Inc. its affiliates arising from pursuing payment such as collection fees. NDS, INC. ON AN TASTIS AND AS AVAILABLE BR SOLE RISK. TELTHERB NDS, INC. AND HIS ALF BR ANY DAMAGES OF ANY KIND ARISING FROAFOR ERROR, DELAY, OR MISDICLIVERY OF A PAYTHON) DIRECT. INDIRECT. INDIRECT. INDIRECT. INDIRECT. INDIRECT.	at once the payment is a facility. In any event, the detention facility not be reversed or its agreement or the califact Macon service mass shall take place in apate in any class or the Fail ATM compares will begin. It also court fees, afterney. ASIS, YOU AGRUE IT IATES, OF FILE USE OF THE ASID YAMEN F.
Lapprove this NON-REFUNDABLE charge to my credit eard and and the eard issuer. Lunderstand that any amounts received will be automatically applied deposited into the accorbor, the detention facility may deduct some or at the JailATM com transaction will be considered complete, accepted an i agree that it is not the responsibility of Tech Friends, Inc. or the JailA refunded for any reason. Lacknowledge that Tech Friends, Inc. shall not be liable for any dam bailATM com service. I furthermore agree that any claim, dispute, or eshall be pursued under binding arbitration according to the Code of Priche state of Arkansas under Arkansas State law. Lalso agree, to the extection or multi-plaintiff action as to any claim, dispute or controversy service. Lunderstand that any non-payment of the transaction amount will be understand that I am responsible for paying any JailATM com charges fees, etc. THIS CONVENIENCE SERVICE IS PROVIDED BY TECH FRIETHAT YOUR USE OF THE JAILATM COM SERVICE S AT YOUR EMPLOYEES, AND STOCKHOLDERS WILL NOT BE LIABLE FO JAILATM COM SERVICE, OR REGARDLESS OF THE CAUSE, INCLUDING (WEITIOUT LIMITA CONSEQUENTIAL DAMAGES).	gree to pay the total amount due according to the payme to the account brack on this document. I understand that the incoming tunds to pay for services rendered by the dathal. In the case of a billing or accounting dispine with the case of a billing or accounting dispine with the case of the land LAV cam transaction with ingest of any kind arising and of or in connection with the cuttroversy between myself and Tech Friends. Inc. or that cedures of the National Arbitration Lorun and all heart empermitted by kind, that I will mit bring, join or particular I may have against Lesh Friends. Inc. its affiliates, attended over to a collection agency and hitigation procedurising from pursuing payment such as collection tees. NEDS, INC. ON AN AS IS AND AS AVAILABLE BRISDERISK. TELLIFER NDS, INC. AND HIS AFF BRISDERISK. TELLIFER BRISDERISK. TELIFICATION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRI	at once the payment is a facility. In any event, of the detention facility not be reversed or is agreement or the califactory and the place in any class or the Fail ATM combares will begin. It also court fees, attorney. ASIS, YOU AGREE IT LATES, OFFICERS, OTHER SOFFICERS, OTHER AND
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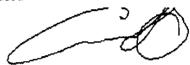
Inmate Property - SAI SAYFULLO HABIBULIAEVI 02/15/19 Page 8 of 11

2016005730

Property Bag# 2016005313

Item	Qty.	Description	Storage Loc.	Recvd By	Withdrawal Date
VISA	1	2013	PROPERTY BAG	BOOKING	10/20/16 11:04
FTS	1	1033	PROPERTY BAG	BOOKING	10/20/16 11:04
BELT	1	BROWN	PRDPERTY BAG	BOOKING	10/20/16 11:04
WALLET	1	BROWN	PROPERTY BAG	BOOKING	10/20/16 11:04
SHIRT	1	PURPLE/WHITE	PROPERTY BAG	BOOKING	10/20/16 11:04
PANTS	1	BLUE	PROPERTY BAG	BOOKING	10/20/16 11:04
SHOES	2	BLUE	PROPERTY BAG	BOOKING	10/20/16 11:04
CELL PHONE	1	IPHONE	PROPERTY BAG	BOOKING	10/20/16 11:04
SUNGLASSES	1		PROPERTY BAG	BOOKING	10/20/16 11:04

I have received all the above items with the exception of any I previously released.



Page: 1 of 1

2016005730 - SAIPOV, SAYFULLO HABIBULLAEVIC Inmate Property 10/20/2016 11:04:24 AM

Officer Signature

Inmate Signature

I understand than any property still in the possession of the SCCDOC at the time of my release will be kept for a total of 10 days. Any property not picked up or released at the end of those 10 days will be disposed of. I further understand that it is my responsibility to notify anyone that I designate as authorized to pick up my property. The person that I want to pick up my property will be designated on a property release form.

Page: 1 of 1

2016005730

2016005313

Pro	perty	Bag#	418

Item	Qty.	Description	Storage Loc.	Recvd By	Withdrawal Date
VISA	1	2013	PROPERTY BAG	BOOKING	1/1/00 0:00
FT\$	1	1033	PROPERTY BAG	BOOKING	1/1/00 0:00
BELT	1	BROWN	PROPERTY BAG	BOOKING	1/1/00 0:00
WALLET	1	BROWN	PROPERTY BAG	BOOKING	1/1/00 0:00
SHIRT	1	PURPLE/WHITE	PROPERTY BAG	BOOKING	1/1/00 0:00
PANTS	1	BLUE	PROPERTY BAG	BOOKING	1/1/00 0:00
SHOES	2	BLUE	PROPERTY BAG	BOOKING	1/1/00 0:00
CELL PHONE	1	IPHONE	PROPERTY BAG	BOOKING	1/1/00 0:00
SUNGLASSES	1		PROPERTY BAG	BOOKING	1/1/00 0:00

I certify the items above are the personal property removed from me at time of admission.



Officer Signature

2016005730 - HABIBULLAEVIC, SAYFULLO SAIPOV Inmate Property 10/20/2016 10:39:44 AM

Inmate Signature

ST. CHARLES COUNTY DEPARTMENT OF CORRECTIONS PROPERTY INVENTORY

	BAG# <u>9/8</u>
NAME SATPON, SAYFULLO H	DATE 10/20/16
Currency \$ Checks \$ Other \$ TOTAL \$	CREDIT CARDS (last 4 digits) Visa 20/3 MC Discover Other FTS 1033
Purse Belt Wallet Checkbook(Check#'s) thru Cap/Hat Keys (How Many)	Shirt Purple/white Pants blue Skirt/Dress Shoes 2 blue Coat/Jacket Lighter
PRESCRIPTION DRUGS	
KNIFE	TI DA
CELL PHONE (brand) I Dhowe (number)	Watch Ring(s)
PAGER (brand) (number)	Necklace(s) Earrings Bracelet(s)
MISC / gray glasses	
Delivering OfficerDSN_	Dept. MSHP/C
Inmate Signature	110
SCCDOC Receiving Of	DSN <u>Q</u>
SCCDOC Officer Responsible for dressing dut	
DSN Date	

ST. CHARLES COUNTY DEPARTMENT OF CORRECTIONS INMATE / DETAINEE RELEASE CHECKLIST

Inmate:	Sain	w. Sa	Dulo-	DCN:	201600531
, DSN	DSN	()		
410	T		•		saction has a corresponding
1	1	•	•	pers are entered in J	•
+-		_		thorizing the release	
	— <u>1</u> —	-	•	•	eted (IAW R.S.Mo. 221.S10 NO State Highway Patrol Troops C
	1		ormed by	Posted Brid No wants or wan	rants
	Victi	im Notificati	on(s): Prese	nt Not presen	t
	Each		· · · —		explanation of contact or inability
		Victim wa	s contacted - DSI	N of officer making n	otification
		Unable to	contact victim	- DSN of officer att	empting to make contact
		Victim w	as not available l	but a message was	left on voice mail - DSN of
		officer le	aving the messag	ge	
	+	. verified			
+	7"	-	· ·		inmate, officer or third party
1	_		been signed by all		(if not, a DOC incident report has
+			d noting the circum		iii iiog a boc iiiciaciii iapoi i iias
1	DN	_	-		een collected (IAW R.S.Mo.
We cert	ify that the	above items	have been comple	eted and our corresp	oonding DSN's appear next to each
•					
Name and	T USOL OF KRIES	sine Umicer	Name and has of	Cuncer verifying the rele	ase Name of Nurse notified
Signature	of Releasing C	officer	Signature of/Office	er verifying the release	Signature of Nurse notified